



Kansas State Veterinary
DIAGNOSTIC LABORATORY

BOVINE SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506
Phone: (866) 512-5650 Fax: (785) 532-4835
www.ksvdl.org

Laboratory Use Only

Case Coordinator



Accession Number

BILL TO: ☐ Clinic ☐ Owner ☐ Third Party Third Party to Receive Results? ☐ Yes ☐ No

Third Party Contact Info: _____

**Please download/save
and use Adobe Acrobat
to complete form.
Many web browsers
cannot fill form fields**

CLINIC

ACCOUNT # _____

Veterinarian _____

Clinic/Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

OWNER/PRODUCER

Owner Name _____

Business/Premise _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Fax or E-mail _____

Send Results Via: (Check all that apply) ☐ E-Mail ☐ Fax ☐ Also Send Results to Owner: _____

Please record HISTORY and additional ANIMAL ID information on next page

Animal ID	Breed	Sex	Age/DOB	Weight	Sample Date
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SPECIMEN(S) SUBMITTED

☐ Feces ☐ Milk ☐ Urine ☐ Whole Blood ☐ Fixed Tissue(s) _____ ☐ Swab(s) _____
☐ Fluid _____ ☐ Serum ☐ Whole Body ☐ Fresh Tissue(s) _____ ☐ Other _____

NECROPSY & DISPOSAL

Date of Death: _____

ANIMAL WAS EUTHANIZED? ☐ Yes ☐ No

BARBITURATES ☐ Yes ☐ No

☐ Gross Only Necropsy
- Do not check if additional testing will be added.

☐ Necropsy & Additional Testing
(indicated elsewhere)

☐ Necropsy Histopathology, 1-4 Tissues

☐ Necropsy Histopathology, 5+ Tissues

☐ Necropsy & Tests at Pathologists Discretion

☐ Disposal

MOLECULAR DIAGNOSTICS (PCR)

☐ Anaplasmosis
☐ Test Individually ☐ Pool _____ Samples/pool (max 5)

☐ BVD
☐ Test Individually ☐ Pool _____ Samples/pool
see www.ksvdl.org for details

☐ *Tritrichomonas foetus*
☐ Test Individually ☐ Pool _____ Samples/pool (max 5)
Incubated? ☐ Yes ☐ No

☐ *Clostridium perfringens* culture + PCR

☐ Bovine Leukemia (BLV)

☐ Test Individually ☐ Pool _____ Samples/pool (max 10)

☐ Leptospirosis

☐ Mycobacterium (Johne's)

☐ Test Individually ☐ Pool _____ Samples/pool (max 5)

☐ *Mycoplasma bovis*

☐ *Coxiella burnetii* Abortion Tissue PCR

PARASITOLOGY

☐ Fecal Float
☐ Qualitative ☐ Quantitative ☐ Both

☐ Cryptosporidium Float

☐ Fluke Egg Recovery (Sedimentation)

☐ Parasite Identification

SEROLOGY

☐ Anaplasmosis ELISA

☐ Bluetongue Virus ELISA

☐ Bovine Leukemia (BLV) ELISA

☐ Bovine Pregnancy Test

☐ Brucella BAPA (default)

☐ Brucella Card (MX export)

☐ Johne's ELISA - Serum

☐ Leptospirosis 5 Serovar MAT

☐ *Neospora caninum* ELISA (Virology)

VIROLOGY

☐ Bovine Viral Diarrhea (BVD) Type 1 SN

☐ Bovine Viral Diarrhea (BVD) Type 2 SN

☐ Infectious Bovine Rhinotracheitis (IBR) SN

☐ SARS - Covid2 Virus Neutralization

☐ Virus Isolation

HISTOPATHOLOGY

☐ Histopathology

☐ FA-Clostridium

☐ Immunohistochemistry *specify next line:* _____

BACTERIOLOGY/MYCOLOGY

Organism(s) suspected: _____

Antibiotics used: _____ ☐ None

Date of last dose: _____

☐ Aerobic Culture

☐ Salmonella enrichment - Additional charge

☐ Aerobic Susceptibility

☐ Mycoplasma Culture

☐ Anaerobic Culture

☐ Campylobacter Culture

☐ Bulk Tank Milk Culture

☐ Bulk Tank Mycoplasma Milk Culture

☐ Individual Milk Culture

☐ Individual Mycoplasma Milk Culture

PANELS

☐ Neonatal Diarrhea PCR Panel
☐ Viral ☐ Bacterial / Protozoal ☐ Both

☐ Respiratory PCR Panel
☐ Viral ☐ Bacterial ☐ Both
☐ Test Individually ☐ Pool _____ Samples/pool (max 5)

☐ Abortion Bacterial Culture Panel

☐ Abortion Serology Panel

☐ Abortion Tissue PCR Panel

☐ Bovine Pinkeye (IBK) Real-time PCR Panel

☐ Quantitative Bovine Nematode PCR Panel

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.



TOXICOLOGY

- ☐ Trace mineral panel (Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)
- ☐ Heavy metal screen (As, Cd, Pb, Tl, Hg)
- ☐ Single Element (any above listed elements) _____
- ☐ Nitrate
- ☐ Mycotoxin ELISA
- ☐ Plant/Seed Identification
- ☐ Blue-Green Algae
- ☐ Rumen pH
- ☐ Other _____

MOLECULAR SEQUENCING

Description (microbe species, results requested, reason for testing): _____

- ☐ Metagenomic Sequencing
- ☐ Rotavirus Group A-VP7 Sequencing
- ☐ Bovine Viral Diarrhea Virus 5'UTR Sequencing
- ☐ Other: _____

CLINICAL PATHOLOGY

- ☐ NEFA - Non Esterified Fatty Acids
- ☐ Urea Nitrogen
- ☐ Bovine Postmortem Hypomagnesemia Panel
- ☐ Other _____

OTHER TESTS NOT LISTED _____

Please visit our test and fees at www.KSVDL.org for current tests, prices, and acceptable samples.

CLINICAL HISTORY & COMMENTS

☐ Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.

ANIMAL IDENTIFICATION INFORMATION*

* Spreadsheets including animal ID information may be attached to this form or e-mailed to: receiving@vet.k-state.edu

TUBE#	ANIMAL ID	BREED	SEX	AGE/DOB	WEIGHT	SAMPLE DATE

OPENED BY

Courier Record:

Coolant Record:

Sample Condition:

☐ Courier

☐ FedEx

☐ Hand Delivered

☐ Mail

☐ UPS

☐ Coolant Pack

☐ Dry Ice

☐ Frozen

☐ Warmer

☐ None

☐ Good

☐ Broken

☐ Leaked

☐ Other _____

Reset Form